

Image# 14952399252

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FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **VOTEVETS.ORG ACTION FUND**(b) Address (number and street) ☐ check if different than previously reported
2201 WISCONSIN AVE NW
#320(c) City, State and ZIP Code
WASHINGTON DC 20007

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001275**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

through

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014(b) Communication Title Heart**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Peter Mellman

(b) Address (number and street)

2201 Wisconsin Ave NW #320

(c) City, State and ZIP Code

Washington

DC 20007

(d) Name of Employer or Principal Place of Business

VOTEVETS ACTION FUND

(e) Occupation

CFO

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 103000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Mellman

SIGNATURE Peter Mellman

[Electronically Filed]

DATE

10/23/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control**A.** (a) Name Transaction ID : F91.000001

Jonathan Soltz

(b) Address (number and street) 4380 King Street

(c) City, State and ZIP Code

Alexandria

VA 22302

(d) Name of Employer or Principal Place of Business

VOTEVETS ACTION FUND

(e) Occupation

CHAIR

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Buying Time LLC				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 22 / 2014 </div>	
Mailing Address of Payee 650 Massachusetts Ave NW				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 103000.00 </div>	
City Washington	State DC	Zip Code 20001		Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 22 / 2014 </div>	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy and Production ("Heart")				Transaction ID : F93.000001	
Name of Federal Candidate Bruce Braley		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
State: IA District: 00		Transaction ID : F94.000002			
Name of Federal Candidate Joni Ernst		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
State: IA District: 00		Transaction ID : F94.000003			
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
State: _____ District: _____		B. Full Name (Last, First, Middle Initial) of Payee _____			
Mailing Address of Payee _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
City _____ State _____ Zip Code _____				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 103000.00 </div>	
Name of Employer _____ Occupation _____				Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
State: _____ District: _____		SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 103000.00 </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 103000.00 </div>	